

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3			1			
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24			111			
25						
26			1			
27						
28			11			
29						
30			1			
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32						
33			1			
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41						
42						
43			1			
44						
45			1			
46						
47						
48			1			
49						
50						
TOTAL IND.			9			
TOTAL DEP.			63			
TOTAL CLAIMS			72			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						